

10. Do you feel that your child is currently receiving the services needed to reach the goals of her/his educational program?

100% Yes ☒ No

If no, please explain:

11. Does your child participate in any vocational education, industrial arts, or home economics classes?

41% Yes 35% No 23% Do not know

12. Does your child participate in physical education or adaptive physical education class?

100% Yes ☒ No ☒ Do not know

13. Does your child participate in music and/or art classes?

70% Yes 18% No 12% Do not know

14. Does your child have the opportunity to participate in extracurricular activities?

94% Yes 6% No ☒ Do not know

15. Were you informed that your child's educational records are confidential and require your consent to be released?

94% Yes ☒ No 6% Do not know

THANK YOU AGAIN FOR YOUR TIME!

The Elan School  
Special Purpose Private School/State Operated Special Education Program  
Parent Questionnaire - In-state

This survey is part of a review of the special education program at the private school/state operated facility which your son/daughter attends. This review is being conducted by the State Department of Education. As parents/guardians of a student placed at this facility and receiving special education services, we ask you to complete the following questionnaire. Your answers and comments will be considered in our findings about the school. The results of the survey will be shared with the school facility, but your individual responses will be kept confidential.

If you have questions about the survey or need assistance completing it, we would encourage you to call the Special-needs Parent Information Network (SPIN). Their brochure is enclosed.

Please respond to the following questions. Read carefully and indicate your answer with a check where appropriate. Thank you for your time and effort in providing us with this useful information.

1. Did you attend the P.E.T. meeting when the decision was made to place your child at this facility?

100% Yes      ☐ No      ☐ Do not remember

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2. Did you agree that this placement decision was in the best interest of the child?

100% Yes      ☐ No      ☐ Do not remember

3. Did you give written permission for your child to be placed at this facility?

100% Yes      ☐ No      ☐ Do not remember

4. Were the reasons for this placement explained in a manner understandable to you?

100% Yes      ☐ No      ☐ Do not remember

5. Have you been asked to attend a meeting to discuss your child's special education program at least once a year?

100% Yes      ☐ No      ☐ Do not remember

6. At Pupil Evaluation Team meetings, do you feel your interests and concerns are heard and considered in making decisions about your child's program?

66%Yes      33%No

If no, please explain:

7. If you attended your child's P.E.T. meeting, who else attended the meeting?

\_\_\_\_\_ principal  
\_\_\_\_\_ special education director (private school)  
\_\_\_\_\_ special education director (sending school)  
\_\_\_\_\_ child's special education teacher  
\_\_\_\_\_ school psychologist  
\_\_\_\_\_ other, please list  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you agree with the goals and objectives written in your child's Individual Education Plan (IEP)?

100% Yes      ☐ No      ☐ Do not remember

9. Were you provided with a copy of the minutes of the P.E.T. meeting within three weeks of the meeting?

100%Yes      ☐ No      ☐ Do not remember

10. Has the school facility informed you of your legal rights under the special education law?

100%Yes      ☐ No      ☐ Do not remember

If so, how?

11. If English is not your primary language, or you are hearing impaired, have you been offered the services of an interpreter in meetings or discussions involving your child's education?

☐ Yes

☐ No

☐ Do not remember

12. Does your child receive any of the following services?

66% Yes

33% No

☐ Do not remember

\_\_\_\_\_ Speech therapy?

\_\_\_\_\_ Counseling?

\_\_\_\_\_ Occupational therapy?

\_\_\_\_\_ Physical therapy?

Please describe any problems.

13. Please describe the transportation arrangements/services your child receives.

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14. Are you aware that your child has the right to be educated with nonhandicapped peers?

100% Yes

☐ No

15. Do you feel that your child is currently receiving the services needed to reach the goals of her/his educational program?

66% Yes

33% No

If no, please explain:

16. Does your child participate in any vocational education, industrial arts, or home economics classes?

66% Yes

33% No

☐ Do not know

17. Does your child participate in physical education or adaptive physical education class?

☐ Yes

☐ No

☐ Do not know

18. Does your child participate in music and/or art classes?

33% Yes

66% No

☐ Do not know

19. Does your child have the opportunity to participate in extracurricular activities?

66% Yes

33% No

☐ Do not know

20. Were you informed that your child's educational records are confidential and require your consent to be released?

☐ Yes

☐ No

☐ Do not know

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If you are willing to be contacted by the representative of the Maine State Department of Education who will be conducting the review of your school unit, please provide the following information:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Convenient time to be called: \_\_\_\_\_

Providing us with your name and telephone number does not assure that you will be contacted.

We will be calling a random number of people who respond. As with the information to this questionnaire, all conversations will be held in strictest confidence.

THANK YOU AGAIN FOR YOUR TIME!